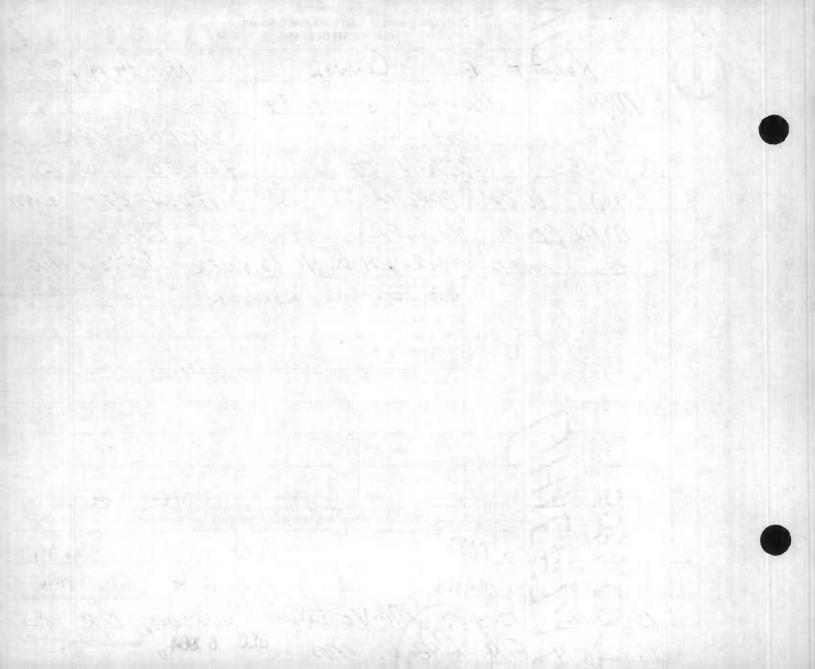


DIVISION OF VITAL RECORDS, 201

STATE OF MARYLAND



Accomac, Virginia

(VR A 15 (4))

STATE OF MARYLAND

	C			01 03.0	A
	22 1 122		OV COUNTY		of more
		X.			na fault sa
	D2favgust	.494			1000000
15.0gl .da	THE NUMBER	X	E) G =0.001		
				MCKST80A	
point oppra-	.xo b. da-Tierr	in Pasol I	ace-ar-ar		O/I
13/1/2/2					

injury, ar other traumatic event, th

should be detached for use as the burial-transit permit. Then please remaye carbanpape with the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remayal.

S	TA	TE	OF	MA	RYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	3	1	6	9	
	-				

	1 -	STATE REGISTRAR				CERTIF	ICATE OF	DEATH	8	REG. NO	3	-	6	9	1
4		OR PRINT	FIRST	٨	MODLE	L	AST		2a. DATE C	F DEATH	HINON	DAY	YEAR	2b. HOU	R
		arolyn-		Glenr	non	D	yson		Nov	embee	8,	198	4	9:0	OP M
	3. SEX	(4 RACE		5. DATE C			6. AGE (IN	YEARS LAST BIRTH	HDAY)	IF UNDER	DAYS	IF UNDER	24 HRS
	F	emale		Cauca	asian	06	29	12	72		YRS.	MUNITIS	DATS	HOURS	M (IN,
	7a. BIF	RTHPLACE (STATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	MARRIED []	9. BALTIM	ORE CITY OF		Y OF DE	ATH		
		aryland		U.S.A	4.	WIDOWE		NORCED [Wor	ceste	r				MD.
7	10 CI	TY OR TOWN OF DEA	TH		OSPITAL, NURSIN		R OTHER INS	TITUTION		L OCCUPATION			KIND OI USTRY	F BUSINE	SS OR
1		cean City		754A 9	4th St	reet				sewii		h	ous	ewi	fe
	13a S		13b COUI	YTY	13c CITY OR TOW	N.	13d INSIDE	CITY LIMITS?	13e STREET	ADDRESS /	ZIP COL	DE a	104	2	
1	M		Wor	cester	Ocean (city	YES	NO 🗌		94th	DT.	., 4	184	2	
1		THER'S NAME		MIDDLE	LAST		_	'S MAIDEN NAM		elle		2.7	LAST		
1		ohn		T.	Glenno		Laur	-	В			AL	exa	nde	r
	16a W	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU		17 INFORM		254	ADDRES			00	MDO	7040
		NO OR UNKNOWN)			219-12-	-5897	E. L	awliss	, /54	A 94t	n Si				
		18 CAUSE OF DEATH	1 (Enter or	nly one cause per	line for (a), (b), and	d (c1.1				1		8	APPROXIVETWEEN	MATE INTE	DEATH
		PART I. DEATH W.		TE CAUSE (0)	Adens	car	cinon	-9 01	1 +4	e hen	19		15	rea	
Н				DUE TO O	R AS A CONSEQUE	NCE OF									
		Conditions, if ony,	which	(d)											
	1/2	gove rise to imm		DUETO	R AS A CONSEQUE	NCE OF									
Н	31	underlying couse		(10)	CAS A CONSEGUE						5.5				
	131	PART 2 OTHER SIGN	IFICANT	CONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEA	SE OR COND	ITION G	IVEN IN F	ART 1:0	3	
	NO O														
1	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AU	TOPSY?		ES, WERE			
1	TE			0.63					YES [NO	1	YES [AUSES	NO [
2	S. S.	210 ACCIDENT WAS UND	-	110110 1	FINJURY M. MONTH DA	V VEAD	21c HOW II	VJURY OCCURR	ED (ENTER	NATURE OF INJUR	Y IN ITEM 18	PARTIOR	PART 2)		
	CAL	OR CONTRIBUTING C		AIR		19	EN								
	MEDIC	214 INJURY OCCURR		21e. PLACE	OF INJURY		211 LOCATI	ON	N. L.	CITY OF TOW	1/63	COL	INITY		STATE
	ž	WHILE NOT WH	ILE	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC)	ZIKEE	988		CITTONTON					
Я	-	22a I certify that (I)		ital) attended th	e deceased from_	00-	_e	19 8 4		Noven	be-	198	4 , 1	that (h (we) last
		saw the decease	d alive or	1900	Fuber 19	84,0	nd that in (my) (our) opinion o	death accur	red on the do	te and ha	our and tr	om the c	couses str	ated
		obove, (1) (we) (d	lid) (did no	of) view the body	offer death.		DEGREE					22	. DATE	SIGNED	
1		4	- <	, -/	/auta		no	ATTENDING PHYSICIAN	MEDICA	STAF	F		11/	9/8	52.00°
-		22d. PHYSICIAN'S NA	ME (TYPE	OR PRINT)	/		22e ADDRE	SS P300		0 74	Oi s	1 5 6 6 6		54	7
		James	E	Mar	e. M	.0					40	-	RI		2013
-	22: 0		DEMOV			LAME OF C	EMETERY OR	CREMATORY		ATION	. 0		0 0		
	(BURIAL, CREMATION,	KEMUVAI						CI	TY OR TOWN	411.	COUNT	Y		STATE
		urial UNERAL DIRECTOR		11/12,	04 INC	TA	ace C	h. Cen		REGISTRAR			GNATI	MD	
		NAME		700	ADDRESS	1200			A	AD 4	7 7. 7		has		
	A	nna A. B	urba	ge,108	wms. St	. , Be	erlin,	MDIVUV	151	U84	1 KRALI	W. d.Acry	1-1/a	ndalle	

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

TO HOSPITAL

1991 9:005	,9 sedievoi	noas	7 1	nom	olo	a-exlora
	72	29 3.2	90	asiaro	Cau	o Laure
	3052-035 <i>4</i>			. 4.	2.0	bnslyrsy
bouseville	hit rayof		-toerd	3 19 42	4427	
, 21847	AC HAD ERET		44.6 50	in court	2,5000	ONE WITH
monderoff.	Telle	water -	tion	70.5		TO THE
18184 ,00 ,	a, 754A 51th gr	alfwal .	1007	1-010		.011

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFICATE OF DEATH	B REG. NO. 3	1692
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Charles	Howard	Gerben	11	06 84 7:45a
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Caucasian	04 22 26	58 YRS	MONTHS DAYS HOURS MIN.
70 BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Maryland	U.S.A.	WIDOWED TO DIVORCED	Worcester	M
10 CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
Ocean City	103 S. St. Lo	ouis Avenue	(TYPE OF WORK FOR MOST OF WORKING I	construction
USUAL RESIDENCE IF NURSING HOME 13a STATE 13b COL Maryland Woo	or other institution give residence before UNITY 134. CITY OR TOW OCEAN (ADMISSION) 134. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP COD	Eouis Ave.218
14 FATHER'S NAME	MIDDLE	IS MOTHER'S MAIDEN NA	WIDDIE	LAST
Deland C.	MIDDLE	774 - 7 FIRST	MIDDLE	The decision of the

Roland Deterion pagrei Gerben ATOTEC ADDRESS Ocean City, MD 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7523 Coral Ann Gerben, 103 S. St. Louis Ave.

DADTI DEATH WAS CALLS	inly one couse per line for (0), (b), and (c).) ED BY: (TE CAUSE (0) <u>Cardiopulmonary arres</u>	t	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if ony, which gove rise to immediate cause tot, stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) <u>Cancer of lung, kidney</u> DUE TO, OR AS A CONSEQUENCE OF	, brain	
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO

216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M

211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22s.1 certify that (1) (this haspital) attended the deceased from

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING

Timothy E. Bainum, M.D.

& Phil. Ave. O.C., Md.

STATE

23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION Cremation 11/7/84 Delmarva Crematory Sussex

ME DE 24 FUNERAL DIRECTOR Burbage, 108 Wms. St., Berlin, MD

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT

7:455 mg 7:455	11	comp. 1	rab	Bresnoll		selvero
		22 26	0.4	nnieso	na5	Place
	xed heptol				a.a 3	fraction of
constructio	nothing	Avonue	- 1007	.38 .8	203	Coesn Chty
November 2016	103 8. 86.	2.	City	map) ma	esozo	51457
introtation		Jeffakiz	110 1	(EE)	Escher	Snalog
vA a moj .32 .						

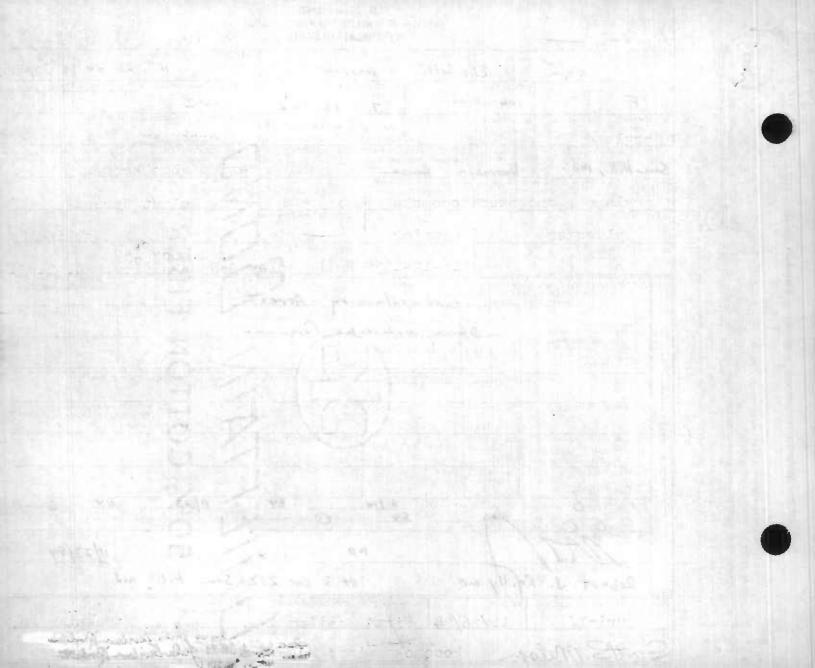
		1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B REG. NO	3 1 6 9 3
100			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR.
E	16	1	HENRY	. S.	HURLEY	Novembe	er 20. 1984
(1,	Bil	3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	Jul 10 4 1 - 7 0
1	13/1/4		male	white	Sept. 26.1916	68	VRS. MONTHS DAYS HOURS MIN.
2	62 6/1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OF	
45	SE 87		ountry) Virginia	TICA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Worcest	
-	11 /11		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	773
6	1100	1	ocomoke	(IF NOT IN SUCH FACILITY, GIVE STRE	I Road	retired su	WORKING LIFE) INDUSTRY HOLLY
1.	12 10			OTHER INSTITUTION, GIVE RESIDENCE BEFO		Lettred St	upervisor Farm's
6 24 h	1100	13a S	Tarvland Word		oke YES NO X	13e. STREET ADDRESS Cedar Ha	all Road 21851
di w	122/	14. FZ	ATHER'S NAME FRIST Henry	S. Hurl	ey, Jr Willie	MIDDLE	Bell
900	81.1		VAS DECEASED EVER IN U.S. AR			ABDRE	
0	Pog l		no		-8631 Evelyn P.		
rtificate !	physicio on popers emovol.		PART I DEATH WAS CAUSE	nly one cause per line far (a), (b), o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death o	d by the attendin lease remove carb ial, cremation, ar or ather traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)	UENCE OF		
requires	Then pi	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS <u>CONTRIBUTING</u> TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART 11a
he low on.	has be t permit iene pric	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SICIAN: 1	entificate iol-transintol Hygiem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY	r IN ITEM IB PART I OR PART 2)
JG PHYS	ter this or is the burner hand Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	. FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE
ATTENDIN spitol or	for use of Health		saw the deceased alive on	tal) attended the deceased from	, and that in (my) (aur) apinion	death accurred an the da	, 19 , that (I) (we) laste and hour and from the causes stated
TAL OR A	detached detached tote Dept.		Paul R. Fle	uy.		MEDICAL STAF	220. DATE SIGNED
O HOSPI	O FUNERAL hould be det with the State	(PAUL RF	Leury	305 TENTST	tract Poce	make.
P.D	→ 5 ≤ 5	23a B	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE

Pocomoke

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF STA Transfer Tell velve . Teller Londen at Late . Late and the second of the second o

					STAT	E OF MARYLA	AND					
1	FOR - STAT			DEPA	RTMENT OF H			IENE (5	a a	PO 8		
		TRAR -M	1000		CERTIF	ICATE OF D	DEATH	0 '	REG. NO.	5	6	9 4
	YPE OR PRIN		FIRST	MIDDLE		AST .		20. DATE OF D		4	YEAR	2b. HOUR
		my	ra	Elizabeth	P	essick			11	23	84	6 PN
3	SEX		4 RAC	. E	\$. DATE (V5.40	6. AGE (IN YEAR	S LAST BIRTHDA	Y) IF UP	NDER I YEAR	IF UNDER 24 HRS
	F		(0	weas , an	MONTH 7	12	O Z	8	-2	YRS.	HS DATS	HOURS MIN.
70		CE (STATE OR FOR	EIGN 76. CIT	IZEN OF WHAT COUNT	RY? 8	D NEVER	ADDIED M	9. BALTIMORE	CITY OR CO		DEATH	
H	COUNTRY	land		USA	WIDOWE		VORCED	Wor	cest	er		MD
10		TOWN OF DEATH		AME OF HOSPITAL, NUI	RSING HOME			120. USUAL OC	CUPATION	1		F BUSINESS OR
15	now F	till, md.	11	NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)			retire			Der	
	UAL RESI		HOME OR OTHER I	NSTITUTION GIVE RESIDENCE BE		13d. INSIDE C	TTV 1 laalT S2	13e. STREET AD				7100
5	Mary		Worces			YES T	NO 🗌	904	Walnı	ut St	reet	0100
TH	FATHER'S	NAME					S MAIDEN NA		71 100000		- 1	
(1)	S	vlveste	MIDDLE	Mess	ick		Susie		MIDDLE		COL	lins
16	WAS DE	CEASED EVER IN	U.S. ARMED F	ORCES? 166 SOCIALS		17 INFORMA	INT	D C	ADDRESS	- 1 rm		
		(O ()	IF YES, GIVE WAR O		2-1839	Ruth	Bodle	y Pocc				2100
F	18 CA	USE OF DEATH	Enter only one	couse per line for (a), (b)		1100 011	350 1626	<u> </u>	MILIAE		APPROXI	MATE INTERVAL ONSET AND DEATH
	PA	RT I. DEATH WAS	CAUSED BY:	0 1	opulmo	4	Anne	+			OCT WEETING	ANGET AND DEATH
		I/V	MEDIATE CAU		-	7-7	1711 62					
	Cana	liainna 16 nau .		UE TO, OR AS A CONSE	1	atic (
	gove	itions, if ony, w	diote			AFEC (areino		160			
		e (0), stating	lost.	UE TO, OR AS A CONSE	OUENCE OF							
	DADT	2 OTHER SIGNIE	ICANIT CONDI	TIONS CONTRIBUTING	TO DEATH BUT	NOT BELATED	TO THE TERM	INI AL DISEASE	ON COMPLET	ONCIVENT	IN LOADT 14	
1 2		2. OTTER SIGIAL	ICAINI COINDI	TIONS CONTRIBUTING	TO DEATH BOT	NOT KELATED	/ TO THE TERM	III AL DISEASE (IK CONDITI	ON GIVEN I	N PART 1(0	
S S S S S S S S S S S S S S S S S S S	19g. D/	ATE OF OPERATIO	N 19	b. CONDITION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	200 AUTOPS	Y? 20	b. IF YES, WI	ERE FINDIN	IGS USED
2 2								YES T	10 PA	CERTIFY IN	G CAUSES	OF DEATH?
1 8	21g. A	CCIDENT WAS UNDER	LYING 21	b. TIME OF INJURY		21c HOW IN	JURY OCCURE	RED (ENTER NATUE				110
	00.00	NTRIBUTING CAU	SE OF DEATH	HOUR A.M. MONTH								
MEDICAL	21d IN	THER NOTIFY MEDICAL		P.M. PLACE OF INJURY	19	21f LOCATIO	ON		-3-32			
14	WHILE AT WOI		140	THOME STREET, FACTORY, OFF	ICE, FARM, ETC)	STREET			CITY OR TOWN		COUNTY	STATE
П			in hereitadly ex		m. 11 /14	<u> </u>	19 54		1/22	10	84	0 0
P				rended the deceased fro			, , , ,	death occurred	on the date	, , , ,		that ((we) los
		bove, (I)(we) (did	(did not) view	the body ofter death		DEGREE	(00.70)		- The dore c	- 1	22c DATE S	
1	110.0	MA	11			0. O A	ATTENDING	MEDICAL	STAFF		ILL DATE:	104
	437.00	11/8-	1/	1		22e ADDRES	PHYSICIAN >	DIRECTOR	PHYSICIAN		11/23	184
	D	AL A TH	1. Rei	11				2 Snow	. Hill	1. md		
	Ic	opery .		/						1		
23	BURIAL,	CREMATION, RE	WOAT 134		3c NAME OF C	EMETERY OR	CREMATORY	23d. LOCATE		co	OUNTY '	STATE
	В	urial		11/26/84	First	Bant			omake	No	rces	ter Md
24	FUNERA	DIRECTOR ME,	0 0	ADDRE	55		1250 DAT	E REC'D BY REC	ISTRABI26H	REATSTOAM	To de Marie Vi	(Parities,
1	200	45.11	lesson	Poco	moke C	itv; I	FUEL (る意味	delian	Deviden	Bel	Mr.



	1								ARYLAN								
A		FOR STATE					MENT OF				6.0	i i	11	2 1	1	13	E -
(4)		REGISTRAR			ME		EXAMIN	ER'S		CATEC	F DEM		REG. R		0	7	2
XI n		CEASED NAM			1	WIDDLE			LAST		1	OF DATE	KNOWN [HINOM	DAY	YEAR	2b. HOUR
Social Par			Ed	was	-d	LAL	LIS		Pi	TTS	- 3	DEATH	MATED	211	5	1984	630
当日本支援 第10年 支援	3 SEX	(4. RACE	S DA	TE OF BIRTH	YEAR	6. AGE (IN YE.			IF UNDER		20 DATE	ICED	MONTH	DAY	YEAR	2d HOUR
MD. 21201 H. IF ANY DELAY IS NECESSARY P. 1, 2. AND 31 OTHE FUNERAL DISAM, 3. RETAIN PAGE 5 FOR YOUR D.2 SHOULD BE FILED, WITHIN 72 H. UDLI RECORDS, 201 W. PRESTON STILLS	M.	ale	Nearo	- 8	8	99	85 YI		HS DAYS	HOURS	MIN	DEAD	CED	11/	5	1954	7:58
SSA F Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	7n B	RTHPLACE (S		7b. C	ITIZEN OF W		TRY?	0	IED NE	VED 44 A DO	ED []	9. BALTIM	ORE CITY	OR COUN	TYOF	DEATH	F
A SA SE SE		REIGN COUNTRY)		18	II.S.A			WIDOV		DIVORO			1	NOR	PCT	tor	MD
Z P S S	10. CI	Marylar TY OR TOWN	OF DEATH	II. N	IAME OF HOS	PITAL, NU	RSING HOME				12a. USU	AL OCCUP	ATION (II	PE OF WORK	12b KII	ND OF BUS	INESS
AH BAHA					F NOT IN SUCH FA							OST OF WOR	1			NDUSTR	
DE SON TO		Berlin	(IF IN NURSING HC	OME OR OTHER	Vlorsv R INSTITUTION, GI			ON)			re	tired			Lfa	rming	
ANY AND 3 RETAI HOULD		TATE	13b. CC	YTHUC			ORTOWN		13d. INSIDE C	-	13e STRE	ET ADDRE	SS				
ST AT A ST		ryland		ccest	er	Ber	lin		YES 🗌	NO X	│ Rt	. #2,	Box	579/2	181	1	
A F-8880	14. F/	ATHER'S NAM!		MIDE	DLE		LAST		IS. MOTH	R'S MAID	EN NAME	M	IDDLE			LAST	
SES SES		Wrigh	t				itts		Be	tty					De	nnis	
BALTIMORE, MD. S. AFTER DEATH. II GIVE PAGES 1, 2, IITH FORM PM 3, PAGES 1 AND 2, NISION OF VIDAL	16a V	WAS DECEASE ES, NO, OR UNKNO	DEVER IN U.S.	GIVE WAR OR	ORCES?	166 SQC	IAL SECURIT	Y NO.	17 INFORA	MANT	7 1		ADDRES	55			
URS AFTER 8. GIVE PAGES IDIVISION		no				220	-26 - 37	77		*1	1011	A.	1115	/same	as	abov	e
		18 CAUSE C	F DEATH (Ente	r only one	couse per line	for (o), (b)	, ond (c).)		100					100	BETY	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
PRESTON ST., ITHIN 24 HOUI CIL IN IEM 18, VER ALONG V ANSIT PERMIT. AL HYGIENE, E REMOVAL.		PARTIDE	ATH WAS CAU	DIATE CAL	JSE (o)	100		- 0	ardi	00ul	men	ory	arre	57			
STO STO				(AS A CON	SEQUENCE			0	. ^	1	1.				
PREA MER ANS MEN MEN MEN MEN MEN MEN MEN MEN MEN MEN			ns, if ony, wh se to immed		(b)				MY	ocare	lial	into	ruchi	'ON			
W.P. W.P. PENCIPLE TRAMINE		couse (o	stoting the uni		(,	AS A CON	SEQUENCE	OF	1	1	~ ^			-1			
L RECORDS, 201 W. PRESTON ULD BE EXECUTED WITHIN 24 H. "PENDING": IN PENCIL IN 1TER F AEDICAL EXAMINER ALON ED AS BURRAL -TRANSIT PER HEATH AND MENTAL HYGIEF L, CREMATION, OR REMOVAL		lying cou	ise lost.	- ((c)					A	>.(1/1).				
AANG AANG AANG AANG AANG		PART 2 OTHER S	GNIFICANT CONOIT	IONS CONTRIE		BUT NOT RELA	TEO TO THE TERM	INAL DISEAS	E OR CONDITIO	N GIVEN IN PA	RI 1 (a).				7		
RECORDS. LD BE EXEC PENDING." MEDICAL O AS A BUR REALTH ANI CREMATIL	Z	(2) F 31		AL IV							Δ	111	(1)	111	V		
A A A B B	CERTIFICATION	19a DATE OF	OPERATION		196. CONDI	TION FOR	WHICH OPER	ATION	AS PERFOR	MED?	41-	1	_0	201	20.	UTÓPSY?	
SHOULD ORD "PE CHIEF N E USED A IT OF HEL	5	100										/				YES 🗌	NO 🗆
	E	210 EXTERNA	AL CAUSE WAS	5	21b. TIME O	FINJURY		21c H	OW INJURY	OCCURRE	D LENTER N	ATURE OF INJ	URY IN ITEM 1	B PARI 1 OR PA		162	NO L
DN OF FICATE OUTHE OUTHE RAMEN	10	UNDERLYING			HOUR A.N	A. MONTH	DAY YEAR			OCCOM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
SHOOT STATE	MEDICAL	21d. INJURY	NG CAUSE	OF DEATH	P.M		19	21f 1C	CATION						_		
DIVISIC HIS CERTII WRITING WARDED T AGE 3 SH ATE DEPA	MEG	WHILE _	NOT WHILE	П		TORY, FARM, E			STREET			CITY OR TO	WN	co	VINIY		STATE
MR WRI		AT WORK	AT WORK									/					
ATE. ORV.		22a I certi	fy that I took cl	horge of th	ne remoins de	senbed obo	ve, held on	Autop	sy .	Inspectio	" T	Inquiry		and in my o	pinion		
EXAMINER: CERTIFICATION BE FOR DIRECTOR: WITH THE		deoth result	ed from:	loturol cou	ises .	Accident	, Su	icide	, Home	ide .	Undete	rmined mo	nner 🔲			1 -	1.1
EXAMI CERTIFIC DIRECTOR WITH WARYL		-	1.	-	0	0		-	TITLE (S	PECIFY)	,				11	15/	SH
CALE HHE CALE RALD ME, W.		SIGNATURE.	Ill	NO	my	UX.	au	~~~	D. D	prit	4_MEDI	CALEXAM	LINER	DATE	FD_	1	3/
ORA SET			-			7	0	13/	INI	M:		A		1	AV	0 1	141
TO MEDIK EXECUTE: PAGE 4 S TO FUNEI AFTER DE		EXAMINER'S (TYPE OR PRI		1	me	144	<u></u>	57	DDRESS_		cT	1	41	NIA	Oce	SAV!	MP
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PATE DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23 a B	URIAL, CREMA	TION, REMOVA	AL 23b DA	TE	20 c. 1	NAME OF CE	METERY C	R CREMATO	ORY	23d. LO	CATION		COU	NTV	STA	TE
BP	(:	BUCIA	1	11//	0/84	E	ERGRE	FAI (EMETI	FRY	B	CRII	NN	IORCE	STE	e N	D
DHMH - 17	24 F	UNERAL DIREC	TOR		-	Rt #	2. Torce	UD	nd	250. DATE	REC'D BY	REGISTRA	R. 256. REC	SISTRAR'S	SIGNAT	Binde	0.27
(VR A15 ME (5))	J	OLEV Mr	MARTIAL	Chan	ADDRESS	lich	INLIN	17	1801	NU	V 1	0 1984	7 760	C. MOROLI	ACCON CO	Marine	~
20M 4/82			Milar	24	7	411201	44,11	4	10 CL								

The termination of the state of we have the second of the seco ATTEMPT POLITIC POLITICAL PROPERTY OF THE PROP English Colored Colore

	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	B EEG. NO.	1696
	DECEASED NAME FIRSTYPE OR PRINTS	MIDDLE	LASI	to DATE OF BEATT	AY YEAR 2b. HOUR
a. deoth		ward	Shockley	November 12, 19	
3.	SEX	4 RACE	5. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS
to s	Male	White	9 - 30 - 1906	78 YRS.	
70	BIRTHPLACE (STATE OR FOREIG	N 76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED INEVERMARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
30	Maryland	USA	WIDOWED DIVORCED	Worcest	er MD
	Snow Hill	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST Rt. 2 - BOX	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Farmer	128 KIND OF BUSINESS OR INDUSTRY Farm
0) U	SUAL RESIDENCE (IF NURSING HO 30. STATE 136.	one or other institution give residence by the county or t	OWN 13d. INSIDE CITY LIMITS?	Rt. 2 - Box 50	/ 21863
130	FATHER'S NAME FIRST John	MIDDLE LAST E. Shock		MIDDLE	ockley
medicol 16	(YES, NO OR UNKNOWN) NO	S. ARMED FORCES? 166. SOCIAL S es. GIVE WAR OR DATES) 215 36			ll, Maryland
went, the	PART I. DEATH WAS C	ter anly ane cause per line for (a), (b) AUSED BY: EDIATE CAUSE (a) PNEUM			BETWEEN ONSET AND DEATH 3 0845
r other troumotic	Canditions, if ony, white gave rise to immedia cause (a), stoting the underlying couse to	te DUE TO OR AS A CONSE	LA AND INAWITI		3 months
shows ony injury, or	PART 2. OTHER SIGNIFIC N 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYN	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER. RBOIDTIM THEMS	WINAL DISEASE OR CONDITION GIVE 100 AUTOPSY? 100 AUTOPSY? 100 IF YES, 100 YES 100 YES 100 YES	WERE FINDINGS USED HOG CAUSES OF DEATH?
1 47	OR CONTRIBUTING _ CAUSE (IF EITHER, NOTIFY MEDICAL EX.	OF DEATH HOUR A.M. MONTH AMINER) P.M.	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
morked or	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
n 21 is mo	sow the deceased ali abave, (I) (we) (did) (t	hospital) attended the deceased from the on the bady after death.	9 84, and that in (my) (***) opinion	, ta //o/ , 1 death accurred an the date and haur	
Stote Dept	226. SIGNATURE	In La Near	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	13,1984
should be deta with the State [IMPORTANT: If		LA MAR, M.D.	104 N. Bay	23d. LOCATION	
	Burial	11/14/84	Mt. Zion Methodist	Snow Hill,	Maryland STATE

DHMH-16 30M 2/80 (VRA 15, 4)

Norman F. Dennis

24 FUNERAL DIRECTOR

Snow Hill, Maryland ADDRESS
Snow Hill, Maryland

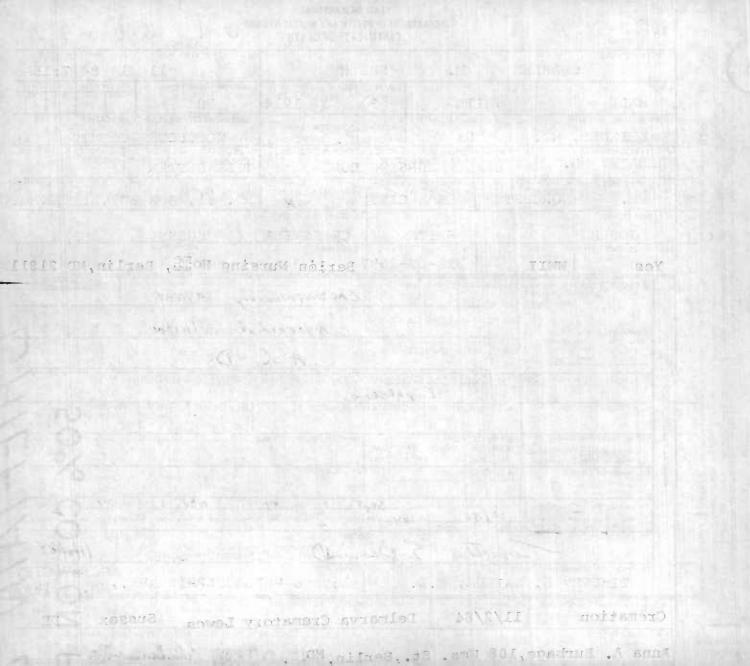
Maryland

Maryland

EVAS E PM stren certain E E E White heart Area White CONTRACT SEEL CHERRING ARE CHERRY KINSON FROM THAT FROM KEELING THEREPY - PREMINER STATESTIONS 60 11.11 34 4 1 8 1 13V

Anna A. Burbage, 108 Wms. St. Berlin Moint Of Fin

(VRA 15, 4)



to bur prior

Item 18

marked or

MPORTANT

STATE OF MARYLAND

- STATE REGISTRAR				CERTIFI	CATE OF I	DEATH	0	REG.	NO.	3	0		
1 DECEASED NAME	FIRST	M	IDDLE	LA	51		20 DATE C	FDEATH	MONTH	DAY	YE AR	26 HO	UR D
(TIPE OR PRINT)	Hilda	Lo	uise	Sm	ith	300			11	26	84	11	:114
3. SEX		4 RACE		5. DATE OF			6 AGE IN	YEARS LAST E	IRTHDAY)	IF UN(IF UNDE	R 24 HRS
Female	-	Caucas	ian	0 7	02	29	55		YR:	100	DAYS	HOURS	MIN.
	ATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8	N NEVED	MARRIED -	9 BALTIM	ORE CITY	OR COUN	ITY OF D	EATH		
Maryland	i	U.S.A	•	WIDOWED		NORCED [Word	este	er	33			MD
10 CITY OR TOWN C	OF DEATH		OSPITAL, NURSIN		OTHER INS	TITUTION	12a USUA				L KIND O	F BUSIN	ESS OR
Whaleys	ville	Box 1	76, Rt.	1			hous	ewid	e e	G LIFE) IN	IDUSTRY		
USUAL RESIDENCE I 130 STATE Maryland	d Nursing Home o	NTY CCESTER	ISC CITY OR TOW Whaley		13d. INSIDE C	NO [13e STREET Box	ADDRESS 176	Rt.	DDE 1	218	72	
14 FATHER'S NAME						S MAIDEN NA	AME					13.7	
Raymond	Ca	alvin	Lewis	TAM	Phoe	ebe		MIDDLE	Ke	ette	ermai	n	

140	Eilen Ciminio 1137 S. D.	
PART I. DE ATH WA	I (Enter only one cause per line for (a), (b), and (c)) AS CAUSED BY: MMEDIATE CAUSE (a) MEDIATE CAUSE (b)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, gave rise to imme couse tol, stating underlying couse	the DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNI	IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	VEN IN PART TIO

17 INFORMANT

166 SOCIAL SECURITY NO.

12 22/570 41

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INTURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. LIF EITHER, NOTIFY MEDICAL EXAMINER) TH LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FAIR THE NOT WHILE 22a | certify that (1) this hospital)

sow the deceased alive on_ our) opinion death occurred on the date and haur and Iram the causes stated 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS

W. Carroll Salisbury, St 13d LOCATION 236 BURIAL, CREMATION, REMOVAL 236 DATE

Burial CITY OR TOWN 11/29/84 Lewis Cemetery Willards Wicomico

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Anna Burbage, 108 Wms. St. Berlin

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

TIYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

19g. DATE OF OPERATION

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

c/o Coastal Hospice,

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

STATE

20a AUTOPSY?

I: II. bu a	11	in in in in it.	lda Iewise	•. •
	55.0	22 22	Candanian	e I amor
	todecomm			Bra Iven
	loucevil ce		le mos 176, Pt.	Livres Isda
20212 1	.47 .372 203.	r effi	Worder Telephoron	Бивлука
termite,	e/o Goodtal		calvin Towin	
	ET .8 11 - 11 OET			
		1000	AND	
		LINE ALLENDER		
ishur, Mc				

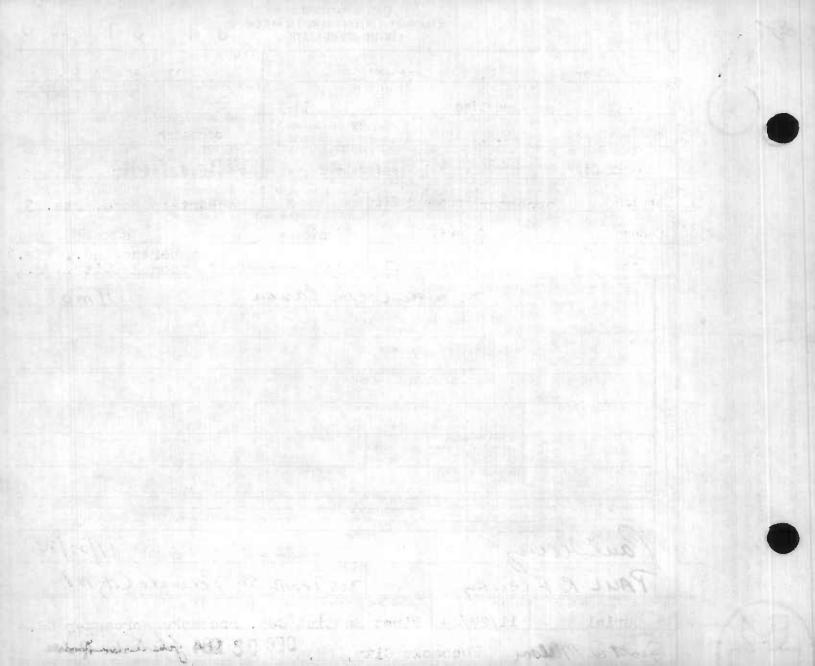
5	1	FOR		STA DEPARTMENT OF		ARYLAND	LVCIENE		
06	11-	STATE REGISTRAR		DICAL EXAMIN		ERTIFICATE	(3)	3 1 5 9	9
(R)	1. DE	CEASED NAME FIRST		WIDDIE		LAST	KLO.		26. HOUR
24 52 55 F.	100	E/	word Le	VIN WA	shbu	IRN, SY	26. DATE KNOWN OF ESTI- DEATH MATED	W. 76 V. 12 84	7:30 AM
R FILL HOU STRE	3 SE)	4 RACE	5 DATE OF BIRTH	YEAR LAST SIRTHD		DER I YR. IF UNDER	MIN. PRONOUNCED		2d. HOUR
ARY VOU TON TON	_	ALE WHITE	JULY 9	,191470 Y	RS.	1	DEAD	OR COUNTY OF DEATH	18. M
FIS NECESSARY, PERE HE FUNERAL DIRECTOR GE 5 FOR YOUR FILES. LIED, WITHIN 72 HOURS 01 W. PRESTON STREET,	FC	MD.	USA		WIDOW		CED WO	rcestar	MD
DELAY IS N 3 TO THE FL N PAGE 5 0 BE FILED.	nea	TYOR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WORCESTER CO. 120. USUAL OCCUPATION (TYPE OF WICE FOR MOST OF WORKING LIFE) RETIRED					YPE OF WORK 12b. KIND OF BUS OR INDUSTRY	INESS Y
- 25 Z 2 2 7 7		AL RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUN	OR OTHER INSTITUTION, GI		ON)	136. INSIDE CITY LIMITS? YES NO [X	13e. STREET ADDRESS	VE. 21801	
MD. 3	14. F	ATHER'S NAME	MIDDLE	LAST	& C ola	15. MOTHER'S MAID		PACT	
A PW		EDWARD		WASHBURN		MAYBELI	Æ	HITCH	
	16a V	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	212-18-6		MRS. RU	BY WASHBURN	SALIS, MD	
IT., SAL		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one cause per line	far (a), (b), and (c).)		1		APPROXIMATE IN	NTERVAL AND DEATH
TON ST., 24 HOUR ITEM 18. LONG W PERMIT. GIENE, D			TE CAUSE (a)	AS A CONSEQUENCE	OF.	Cardio	pul munery	arret	
HIN HIN ER AI LHYO		Conditions, if ony, which	1	AS A CONSCOUENCE	Or	nothern	deal interest	ron	
CERTIFICATE SHOULD BE EXECUTED WITHIN 24 INTING THE WORD "PENDING" IN PENCIL IN ITEM DED TO THE CHIEF MEDICAL EXAMINER ALON DEPARTMENT OF HEALTH AND MENTAL HYGIEF IS SHOULD BE USED AS A BURIAL "TRANSIT PER DEPARTMENT OF HEALTH AND MENTAL HYGIEF IS PRIOR TO BURIAL, CREMATION, OR REMOVAL		gove rise to immediate cause (a) stating the <u>under</u> -lying couse lost.	DUE TO, OR	AS A CONSEQUENCE	OF	AS	CVP		
MACKECU AND		PART 2 DINER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	VINAL DISEAS				
RECORDS LD BE EXE PENDING MEDICAL AEDICAL HEALTH AN HEALTH AN CREMAI	NO				HV	pertensio			
SHOULD ORD "PE CHIEF A E USED." URIAL, OR INAL,	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPER	N MOITA	AS PERFORMED?		20. AUTOPSY?	
F VITA WORD WORD BE CHIE SHITOF	RTIF	210 EXTERNAL CAUSE WAS	216 TIME OF	INITIPY	Tale He	OW IN HUBY OCCUPRI	ED (ENTER NATURE OF INJURY IN ITEM	YES 🗆 i	NO 🗆
S CERTIFICATE SHOUL STRING THE WORD." RDED TO THE CHIEF RE 3 SHOULD BE USE TO PRIOR TO BURRATION	CALC	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M DEATH P.M	. MONTH DAY YEAR	R	JW INJOK! OCCUR	ED JEHIER HATURE OF HAJORT IN HEM	OPARI 1 ORPARI 2}	
HIS WR	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION TREET	CITY OR TOWN	COUNTY	STATE
NER: 1 ICATE, FORM TOR: P THE ST AND, 2		22s I certify that I took charg	e of the remains des	cribed above, held on	Autop	sy . Inspectio	an Inquiry D.	and in my opinion	
EXAMINER: CERTIFICATI LID BE FOR DIRECTOR: WITH THE		death resulted from: Natu	rol causes	Accident , Su	iicide 🔲	, Hamicide	Undetermined manner		
ICAL EXAM E THE CERTIL S SHOULD B ERAL DIREC EATH, WITH		ACTUAL SIGNATURE	woth !	E. Dann	wink	Deput	MEDICAL EXAMINER	DATE 11 12	184
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; PAFE STER DEATH, WITH THE STER		EXAMINER'S NAME (TYPE OR PRINT)	Timoth	y E. BAIN	VUN	ADDRESS 16+	hst. + philast	toe city, mist	842
Bb 534548	236 B	URIAL CREMATION, REMOVAL	11/15/8	234 NAME OF CEA		R CREMATORY L GARDEN	23d LOCATION CITY OF JOWNON	WIC. MD'	TE
DHMH - 17		UNERAL DIRECTOR	ADDRESS			25e. DATE	REC'D. BY REGISTRAR 256. RE		
(VR A15 ME (5)) 20M 4/B2	1	VILSON FUNERA		SALIS., M	D	NOI	1 1 6 1984	Approximent 1	

Were I blest dut and ale

Pocomoke City.

DHMH - 16 50M 4/B2

(VRA 15, 4)



	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE B A REG NO	31701
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		ESTE	LLE P.	WEBER	November 8.	. 1984
	3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		female	white	Aug. 14.1915	69 YRS	MONTHS DAYS HOURS MIN.
111		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1	9 BALTIMORE CITY OR COUN	
8/2		est Virginia	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Worcester	
P		TTY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIT	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	MD.
ZII)	I	Pocomoke	700 Walnut		retired Soci	ial Worker
26	130	STATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) /N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 700 Walnut	21861
-		ATHER'S NAME		15 MOTHER'S MAIDEN NA		prieer
22)		Charles	A. Peters	on Mary	WIDDLE	LAST
0	16a. V	WAS DECEASED EVER IN U.S. A			ADDRESS _	Burleen
nedi	.(GIVE WAR OR DATES! 146-01	-7337 Bernard W	700 Walr	
the		no lu causs os pravu s			eber Pocomoke	
event,	ď	PART I. DE ATH WAS CAUS	only ane cause per line for (a), (b), an SED BY: ATE CAUSE (a)	ian CAROIN	10Mq	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or ather troumos		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ence of		
lory	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION C	GIVEN IN PART 110
si kuo smo	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{YES} \)
Hem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	BEATH HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM)	
orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
n 21 is me		sow the deceased alive a	pital) attended the deceased from	8 4 and that in (my) (aur) opinion	death occurred on the date and h	our and from the causes stated
NT. # Hen		Paul R	Herry	degree Attending Physician [MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
MPORTANT		PAUL F	leu ry	305 Tens	this Poco.	morke tity.

23c. NAME OF CEMETERY OR CREMATORY

Ionongahela Cem.

23d LOCATION
CITY OR TOWN
Tonongahela

Washington I

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE

Pocomoke

Sent & Miles B. Harris B. Harris B. Marie B. Mar